

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043592

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1657
FILED DEC 9 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT
1 0397			
2 0397			
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4 0			
5 1			
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7 1			
8 0			
9 177x			
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11			
12 90-1			
13			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	MEDICAL CERTIFICATION	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 621 E. Delmar		d. STREET ADDRESS (If outside, give location) 621 E. Delmar	
3. NAME OF DECEASED (Type or print) First Jonas Middle G. Last Spivy		4. DATE OF DEATH Month November Day 24 , Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/25/1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 90
11a. FATHER'S NAME Thomas Spivy		11b. BIRTHPLACE (City and state or country) Tennessee	
12a. MOTHER'S MAIDEN NAME Margaret Helmick		12. CITIZEN OF WHAT COUNTRY USA	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. NAME OF HUSBAND OR WIFE Ella E. Spivy	
15. SOCIAL SECURITY NO. No		16. INFORMANT Ella E. Spivy (Wife) Springfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of the Prostate 7-25-61 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Springfield, Mo.	
21. I attended the deceased from 7-25-61 to 11/24/63 and last saw him alive on 11-21-63 Death occurred at 5:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 12-4-63	
22a. SIGNATURE Edwin M. Powell MD		22b. ADDRESS 609 Cherry Springfield, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-26-63	23c. NAME OF CEMETERY OR CREMATORY Pembina Cemetery	23d. LOCATION (City, town, or county) Christian County, Mo.
24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC.		25. DATE RECD. BY LOCAL REG. 12-4-63	
ADDRESS Springfield, Mo.		26. REGISTRAR'S SIGNATURE Bernice Madley	

SEP 14 1963

11/26/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ogle Stone Jr
4066

Licensed Embalmer No.

P. O. Address

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.